State or Province of

CT

Residence::

Country of Residence::

US

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City of mailing address::

Woodbridge

State or Province of mailing

CT

address::

Postal or Zip Code of mailing

06525

address::

**Applicant Authority Type::** 

Inventor

**Primary Citizenship Country::** 

Japan

Status::

**Full Capacity** 

Given Name::

Mitsuhiko

Family Name::

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City of Residence::

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State or Province of

NY

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address::

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**Primary Citizenship Country::** 

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Status::

Full Capacity

Given Name::

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Family Name::

**GISHIZKY** 

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State or Province of

CA

Residence::

Country of Residence::	US
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City of mailing address::	Menlo Park
State or Province of mailing	CA

address::

Postal or Zip Code of mailing

94025

address::

## **Correspondence Information**

Correspondence Customer Number:: 22428

E-Mail address:: PTOMailWashington@Foley.com

## Representative Information

Representative Customer	30543	
Number::		

## **Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	Division of	09/476,484	12/30/1999
09/476,484	An application claiming the benefit under 35 USC 119(e)	60/114,465	12/30/1998

## **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::